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APPLICATION TO ALTER - REPAIR - DEMOLISH  
AND FOR CERTIFICATE OF OCCUPANCY

CITY OF LOS ANGELES

DEPT. OF BUILDING AND SAFETY

Form B-2

INSTRUCTIONS: 1. Applicant to Complete Numbers 1-10 Only.  
2. Plot Plan Required on Back of Original.

1. LEGAL DESCR.	LOFT 01 22 BLK. 23-21	TRACT	Hollywood	ADDRESS APPROVED					
2. BUILDING ADDRESS	1777 N. Vine St.			DIST. MAP 150-185					
3. BETWEEN CROSS STREETS	Yucca	AND	Vine St.	ZONE G-4-4					
4. PRESENT USE OF BUILDING	Office	NEW USE OF BUILDING	SAME	FIRE DIST. 7					
5. OWNER'S NAME	J. J. Perkins			INSIDE					
6. OWNER'S ADDRESS	5409 Glenwood Rd.	P. O.	LA Canada	ZEY					
7. CERT. ARCH.	STATE LICENSE			COR. LOT X					
8. LIC. ARCH.	STATE LICENSE			RTV. COR.					
9. CONTRACTOR	STATE LICENSE			LOT SIZE					
10. CONTRACTOR'S ADDRESS	P. O.			REAR ALLEY					
11. SIZE OF EXISTING BLDG.	STORIES 5	HEIGHT 3	NO. OF EXISTING BUILDINGS ON LOT AND USE 1	BLDG. AREA N/C					
12. MATERIAL	WOOD <input type="checkbox"/> METAL <input type="checkbox"/> CONC. BLOCK <input type="checkbox"/> ROOF <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> ROOFING <input type="checkbox"/>			SPRINKLERS REQ'D. SPECIFIED					
EXT. WALLS:	STUCCO <input type="checkbox"/> BRICK <input type="checkbox"/> CONCRETE <input type="checkbox"/> CONST. <input type="checkbox"/> CONC. <input type="checkbox"/> OTHER <input type="checkbox"/>			AFFIDAVITS					
13. VALUATION: TO INCLUDE ALL FIXED EQUIPMENT REQUIRED TO OPERATE AND USE PROPOSED BUILDING.	\$ 100.00			VALUATION APPROVED					
14. SIZE OF ADDITION	STORIES	HEIGHT	APPLICATION CHECKED	PLANS CHECKED					
15. NEW WORK: (Describe)	EXT. WALLS	ROOFING	INTERIOR	DWELL. UNITS					
Interior alterations			CORRECTIONS VERIFIED	SPACES PARKING					
I certify that in doing the work authorized hereby I will not employ any person in violation of the Labor Code of the State of California relating to workmen's compensation insurance.			PLANS APPROVED	GUEST ROOMS					
Signed <i>J. J. Perkins</i>			APPLICATION APPROVED	FILE WITH LA98845/61					
This Form When Properly Validated Is a Permit to Do the Work Described.			INSPECTOR	CONT. INSP.					
TYPE	GROUP	MAX. OCC.	P.C.	S.P.C.	G.P.I.	B.F.	I.F.	O.S.	C/O
E	G-1		300			640			

COMMENTS USE ONLY

LA 200-3041 473448 8 - 2 OK 3.00

200-3041 473449 8 - 1 OK 6.00

P.C. No. GRADING CRIT. SOIL CONS.